

GEORGIA VOCATIONAL REHABILITATION AGENCY

UNDERSTANDING CONCERNING
FLSA COMPENSATORY TIME

I _____ acknowledge and understand that, as part of the terms and conditions of my employment with the Georgia Vocational Rehabilitation Agency, _____ (GVRA organizational unit), I may be required to work more than forty (40) hours in a work period.

I further understand that if I am a non-exempt employee, I will receive FLSA compensatory time at the rate of time and one-half for overtime worked, in lieu of overtime payment. I understand that I must at all times maintain an accurate and truthful record of my hours worked each day and each work period. I am to sign-in and sign-out recording the exact minute that I begin work, take meal periods and leave work each day.

Date

Employee Signature

*NOTE: All employees are to complete this form. Only FLSA **non-exempt** employees are entitled to FLSA compensatory time for overtime worked. FLSA exempt employees are not entitled to FLSA compensatory time. If unsure of FLSA status, please check with the hiring official.*